Washington State
Department of Social & Health Services

DIVISION OF DEVELOPMENTAL DISABILITIES
ASSISTANCE AVAILABLE SCHEDULE

CLIENT NAME		DDD NUMBER	CRM ID	DATE		☐ Personal care

	M	T	W	Th	F	Sat	Sun
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10 PM-6 AM							

☐ Check if the client is up at night and required assistance/intervention.

NOTES:

A = After school program	**E** = Employment not paid through county	**P** = Parent	**S** = School
CDP = County paid day program	**F** = Family/guardian/custodian	***PC** = Personal care provider	
D = Daycare	**O** = Other informal support	***R** = Respite provider	

INSTRUCTIONS

1. **What is the purpose of this schedule?**

   Use this schedule when conducting an assessment to determine unmet need for personal care.

2. **How do I fill out this form?**

   Put the appropriate code in the box to correspond with the type of support used for that hour.

3. ***Do I include all paid and unpaid assistance available to the person?**

   In completing the schedule, list all formal and informal, paid and unpaid assistance available to the person with the following exception:

   <u>When assessing for personal care:</u>
   - do **not** include the personal care provider (PC)
   - do **not** include the DDD-paid respite provider (R)

4. **What codes are used for caregivers who provide both unpaid and paid personal care support?**

   (a) When assessing for unmet need for personal care:
   - P (Parent) = time available as an unpaid caregiver to assist the adult son/daughter.
   - F (Family/guardian/custodian) = time available as an unpaid caregiver to assist the person.

   (b) Do **not** include the paid care giving time for the above providers on this schedule.

5. **When do I use this schedule for personal care?**

   (a) Use this schedule when conducting a CARE assessment to determine a person's need for assistance with personal care.

   (b) Complete the schedule with the interviewee before calculating the Status and level of Assistance Available required on the ADL screens.

6. **Are there other uses for this schedule?**

   (a) A completed schedule is required documentation in any request for additional service through the ETR process.

   (b) Use this schedule to clarify what other supports a person is receiving before offering any department funded service.